

## UNITED STATES DISTRICT COURT

for the

Southern District of New York

Plaintiff  v. Civil.  CANTUR FT2CAAID  Defendant	·•		
v. ) Civil.	Action No. 13 CV -4212		
Defendant )			
SUMMONS IN A CIVIL ACTION			
To: (Defendant's name and address)  ATTOMETT CEM  499 PANK AVE  MM 10	ted june o22		
A lawsuit has been filed against you.			
Within 21 days after service of this summons on you (not count are the United States or a United States agency, or an officer or employed P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the att the Federal Rules of Civil Procedure. The answer or motion must be see whose name and address are:	ee of the United States described in Fed. R. Civ. tached complaint or a motion under Rule 12 of		
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.  **CLERK OF COURT**			
Dâte:	Signature of Clerk or Deputy Clerk		

JS 44C/SDNY REV. 5/2010

## **CIVIL COVER SHEET**

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by taw, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for use of the Clerk of Court for the purpose of initiating the civil docket sheet.

PLAINTIFFS			DEFENDANTS		
Apr	IAN BAMO	IE SMITH		ANTUR F	17200na
ATTORNEYS (FIRM NA	ME, ADDRESS, AND TEL	EPHONE NUMBER	ATTORNEYS (IF KNOW!	٧)	
PN -5	SE.				
CAUSE OF ACTION (CIT	E THE U.S. CIVIL STATUTE	UNDER WHICH YOU ARE FIL STATUTES UNLESS DIVER	LING AND WRITE A BRIEF ST	TATEMENT OF CAUSE)	
	JIL MOST	_		Employer	MT ACT 196
		DNY at any time? No?			1701110
If yes, was this case Voi.			give date	& Case No.	
(PLACE AN [x] IN ONE B	OX ONLY)		OF SUIT		
			ACT	TIONS UNDER STATUTES	
	TORTS	:	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
CONTRACT	PERSONAL INJURY	PERSONAL INJURY	[ ] 610 AGRICULTURE [ ] 620 OTHER FOOD &	[ ]422 APPEAL	[ ] 400 STATE
[   220 FORECLOSURE [   230 RENT LEASE & EJECTMENT [   240 TORTS TO LAND [   245 TORT PRODUCT LIABILITY [   290 ALL OTHER REAL PROPERTY	[]443 HOUSING/ ACCOMMODATIONS []444 WELFARE []445 AMERICANS WITH DISABILITIES -	[ ] 362 PERSONAL INJURY- MED MALPRACTICE [ ] 368 PERSONAL INJURY PRODUCT LIABILITY	DRUG DRUG RELATED SEZURE OF PROPERTY 21 USC 881 LICUOR LAWS [   640 RR & TRUCK [   650 AIPLINE REGS OCCUPATIONAL SAFETY/HEALTH OTHER  LABOR  [   710 FAIR LABOR STANDARDS ACT LABORMIGHT RELATIONS [   1720 LABORMIGHT REPORTING & DISCLOSURE ACT [   1740 TAILWAY LABOR ACT OTHER  [   1740 TAILWAY LABOR ACT I   1740 TAILWAY LABOR ACT (   1740 TAILWAY LABOR ACT (   1740 TAILWAY LABOR LITIGATION [   1791 EMPL RET INC SECURITY ACT  IMMIGRATION  [   1462 NATURALIZATION APPLICATION APPLICATION	28 USC 158 [] 423 WITHDRAWAL 28 USC 157  PROPERTY RIGHTS [] 820 COPYRIGHTS [] 830 PATENT [] 840 TRADEMARK  SOCIAL SECURITY [] 861 HIA (1395II) [] 862 BLACK LUNG (923) [] 863 SINCK LUNG (923) [] 864 SSID TITLE XVI [] 865 RSI (405(g))  FEDERAL TAX SUITS [] 870 TAXES (U.S. Plaintiff or Defendant) [] 871 RS-THRD PARTY 26 USC 7609	REAPPORTICNMENT  [   440 ANTITRUST
Check if demanded  CHECK IF THIS IS UNDER F.R.C.P. 23	A CLASS ACTION	DO YOU CLAIM IF SO, STATE:	THIS CASE IS RELATED	TO A CIVIL CASE NOW	PENDING IN S.D.N.Y.?
DEMAND \$	OTHER	JUDGE		DOCKET NUM	BEŘ
Check YES only if demand JURY DEMAND: UYE	led <u>in</u> complaint S □ NO	NOTE: Please s	submit at the time of filing		

	ES DISTRICT COURT STRICT OF NEW YORK			·
Apr	AN BAMPIE	<u>8111</u> 711		
(In the space above e	nter the full name(s) of the plain	rif (s).)	COMPLAINT	•
-ag:	ninst-		,	
CAV	499 PANK	Aronue V UTY	Jury Trial:   Yes  (check of	□ No one)
			·	
cannot fit the names please write "see a additional sheet of p listed in the above co	nter the full name(s) of the defend of all of the defendants in the spo ttached" in the space above an aper with the full list of names. aption must be identical to those tould not be included here.)	ice provided, nd attach an The names		
I. Parties in	this complaint:			
identificati	name, address and telephone on number and the name and a ditional plaintiffs named. Atta	ddress of your curre	nt place of confinement. Do	
Plaintiff Na	me APRIA	N BANN	E SMITH	
	eet Address		ST UST 81.	ACTH (620
	ounty, City		nk	
Sta	te & Zip Code		10036	
Te	lephone Number	(212)	582-4620	
governmer each defen	fendants. You should state that agency, an organization, a dant may be served. Make suin the above caption. Attach	corporation, or an in	dividual. Include the addr t(s) listed below are identicated	ess where
Defendant No. 1	NameStreet Address	CANTON 499	PANK AV:	nas

Rev. 05/2010

		County, City	MC		
		State & Zip Code			
		4.0	2		
Defen	dant No. 2	Name	DINTEMPRE 1	PHALING (10	
		Street Address	MC	101-01-1	
		County, City	.:		
		State & Zip Code	······································		
		Telephone Number			
Defen	dant No. 3	Name			
		±			
Defen	dant No. 4	Name			
		Street Address		· · · · · · · · · · · · · · · · · · ·	
		County, City			
		Telephone Number			
II.	Basis for Jui	risdiction:			
cases U.S.€ questi	involving a fed 5. § 1331, a ca on case. Unde	leral question and cases invise involving the United St er 28 U.S.C. § 1332, a case	. Only two types of cases can volving diversity of citizenship tates Constitution or federal la e in which a citizen of one sta 75,000 is a diversity of citizen	o of the parties. Under 28 aws or treaties is a federal te sues a citizen of another	
A.	What is the b	asis for federal court juriso	diction? (check all that apply)		
	□ Federal Q	uestions	☐ Diversity of Citizenship		
В.	If the basis for	r jurisdiction is Federal Que	estion, what federal Constitutio	nal, statutory or treaty right	
	is at issue? _	1964	CLUIC MUTTSA	NT	
		1961	EMPLYMENT	DISCHMINATION	
			AJ		
C.	If the basis fo	r jurisdiction is Diversity o	f Citizenship, what is the state of	of citizenship of each party?	
	Plaintiff(s) state(s) of citizenship UK GT12W- CMEW GMP  Defendant(s) state(s) of citizenship US CCM6 MATTCM				
	Defendant(s)	state(s) of citizenship	45 comp	MATICAL	
		The state of the s		***************************************	
III.	Statement of	f Claim:		3.	

State as briefly as possible the <u>facts</u> of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

	A. Where did the events giving rise to your claim(s) occur? 499 PMW M M
	B. What date and approximate time did the events giving rise to your claim(s) occur?
W hat happened	C. Facts: AppinG CANTIN ATZUGNAL TO THE SUIT AS THE INTERVIEW
to you?	Took have AT churing Fitzcolar
Who did what?	ITEAD QUANTERS / 499 PANK AV/Nº
Was anyone clse involved?	
Who else saw what happened?	
	IV. Injuries:  If you sustained injuries related to the events alleged above, describe them and state what medical
	treatment, if any, you required and received.
·	+ CMY FINANCIAL

	want the Court to do for you and the amount of monetary compensation, if any, you are
seeking, and t	he basis for such compensation.
<b></b>	THE SUNY CAN
<del></del>	DEZIDE
	•
I declare und	er penalty of perjury that the foregoing is true and correct.
Signed this \( \bigcup_{\text{\tint{\text{\te}\text{\ti}}}\tittt{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\texi}\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\ti}\tinttit{\text{\texi}\text{\texi}\text{\texitit}\tiint{\t	Signature of Plaintiff  Mailing Address  THOR
	Telephone Number $(212)582-4620$
	Fax Number (if you have one)
Note: All p	laintiffs named in the caption of the complaint must date and sign the complaint. Prisoners also provide their inmate numbers, present place of confinement, and address.
For Prisoner	<u>s</u> :
I declare und this complain the Southern	er penalty of perjury that on this day of, 20, I am delivering to prison authorities to be mailed to the <i>Pro Se</i> Office of the United States District Court for District of New York.
	Signature of Plaintiff:
	Inmate Number